

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-006541

STATE FILE NUMBER

AMENDED

Registration District No. 149

Primary Registration District No. 1002 Registrar's No. 843

FILED MAR 7 1962

1. PLACE OF DEATH

a. COUNTY Jackson

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Kansas b. COUNTY Johnson

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Kansas City

Length of stay in 1b
1 week

c. CITY OR TOWN Fairway

Inside Limits
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION St. Luke's Hospital

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
6233 Mission Road

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

First M A R V I N

Middle

Last H E S S E L

4. DATE OF DEATH

Month February Day 11, Year 1962

5. SEX
Male

6. COLOR OR RACE
White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
7-14-1891

9. AGE (last birthday)
70

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Funeral Director-retired

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)
Arley, Missouri

12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

Conrad Hessel

13b. MOTHER'S MAIDEN NAME

Bertha Weber

14. NAME OF HUSBAND OR WIFE

Marguerite Hessel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address 6233 Mission Rd.

Mrs. Marguerite Hessel, Fairway, Kansas.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Pulmonary Edema.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Coronary Arteriosclerosis - Angina Pectoris

DUE TO (c)

Gen. Arteriosclerosis.

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 2-6-62 to 2-11-62 and last saw her alive on 2-11-62

Death occurred at 8:35 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

315 Nichols Rd, K.C., Mo.

22c. DATE SIGNED

2-12-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

Feb. 13, 1962

23c. NAME OF CEMETERY OR CREMATORY

Mt. Olive Cemetery

23d. LOCATION (City, town, or county)

Kearney, Missouri.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Freeman Mortuary, Kansas City, Mo.

25. DATE RECD. BY LOCAL REG.

2-13-62

26. REGISTRAR'S SIGNATURE

Ruth Long

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Clayton H. Barnes

Licensed Embalmer No. 4793

P. O. Address K.C., Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.